

### 3.2.1 Intercounty Transfers

---

**A.  
General**

When a Medi-Cal beneficiary moves permanently or for an indefinite period from one county to another within the state, the old county (referred to here as the “Sending County”) is to transfer the responsibility for the maintenance of the individual’s Medi-Cal benefits to the new county (referred to here as the “Receiving County”). The process of transferring responsibility for an individual’s Medi-Cal benefits from one county to another is called an Intercounty Transfer (ICT).

---

**B.  
ICT  
Guidelines**

- 1) Counties cannot require an individual to apply or reapply for Medi-Cal or complete a redetermination based solely on the individual moving from one county to another within the state.
  - 2) The Sending County may not terminate Medi-Cal when an individual moves from one county to another until an effective date of benefits for the individual in the new county is confirmed.
  - 3) Workers in both Sending and Receiving Counties must ensure all Medi-Cal cases remain active throughout the ICT period with no interruption in benefits.
  - 4) The Receiving County shall not require the individual to complete a new application or a full eligibility review until the next redetermination date, as established in the case by the Sending County.
- 

**C.  
Initiating ICTs**

When a Medi-Cal beneficiary reports a permanent change of county residence or that he/she is living in another county for an indefinite period, the Sending County worker must initiate an ICT within 7 calendar days. The worker must take the following steps.

<b>Step</b>	<b>Action</b>
1	Confirm the change of address with the beneficiary by telephone if the phone number is provided
2	Send an ICT informing notice (NOA # 662) to the individual regarding the initiation of the case transfer to the Receiving County. Do not initiate a discontinuance action until an effective date of coverage in the receiving county is received. See MPG 3.2.3.B for timeline requirements.
3	Complete the address change in the county automated system, and ensure that the new address and new county of residence is updated on MEDS so beneficiaries can access medical care in the Receiving County during the ICT period.
4	Notify the Receiving County with form MC 360 of the initiation of the case transfer.
5	Send an ICT packet to the Receiving County with copies of available documentation supporting the individual's eligibility through the ICT transfer period. See MPG 3.2.2.D for a list of required documents.

**D.  
Incoming  
ICTs**

All incoming ICTs packets to San Diego County are received by PAI and forwarded to the appropriate FRC for assignment.

**E.  
ICT Transfer  
Period**

The Receiving County shall complete the ICT no later than the first day of the month that follows a 30-day transfer period. The transfer period begins the day the Sending County sends the ICT notification and packet. For example, if the packet is sent May 1, the ICT must be completed in the Receiving County by June 1. However, if it was sent on May 15, the required completion date for the ICT would be July 1.

**F.  
Receiving  
Worker Action**

The following table shows the steps the intake worker assigned an ICT packet must take.

Step	Action
1	Review the ICT packet from the Sending County for completeness.
2	Verify the individual's current address and active Medi-Cal status on MEDS. Ensure Sending County updated new address and new county of residence on MEDS so beneficiaries can access medical care in the Receiving County during the ICT period.
3	Open pend case on BDLM within one workday of receipt of the ICT packet.
4	Contact the Sending County worker listed on form MC 360 if there are questions regarding the ICT or if there are missing documents.
5	Verify that the correct county address and residence county code are on MEDS for the future month.
6	Notify the Sending County worker by telephone, fax or written correspondence of the effective date of Medi-Cal benefits for the individual so that the Sending County can take action to terminate benefits in their county.
7	Send NOA 832 to the individual to notify them of their new worker's name, telephone number and work hours as well as the effective date of the Medi-Cal benefits in the Receiving County.

**G.  
Reasons for  
not Initiating  
an ICT**

An ICT is **not** required if the individual:

- Reports loss of California residency,
- Sends in a written request to discontinue Medi-Cal benefits,
- Is incarcerated,
- Is ineligible due to institutional status,
- Is deceased, or
- Is an incompetent long-term care (LTC) individual and a family member/representative residing in San Diego County requests that the case not be transferred when the individual moves out of the county.

**H.  
Walk-Ins**

**1) Beneficiary active in Sending County**

When an individual with an active Medi-Cal case in another county goes into an FRC and reports that he/she is now a San Diego County resident, the intake worker assigned the individual shall not require him/her to complete a new application. Instead, the worker will take the following steps.

Step	Action
1	Verify the individual's current Medi-Cal status on MEDS.
2	Contact the Sending County with the active case and inform the caseworker of the individual's new address. Request they also update MEDS with the new address and county of residence so the beneficiary can access medical care in the Receiving County during the ICT period.
3	Request the Sending County initiate an ICT on behalf of the individual.
4	Explain the ICT process to the beneficiary.

**2) Beneficiary Discontinued in Sending County**

Certain beneficiaries discontinued in the Sending County for whereabouts unknown or for an incomplete redetermination can also receive an ICT. See MPG 3.2.4 below for information regarding how to process these individuals.

---

**I.  
Evaluating for  
Ongoing  
Eligibility  
after the ICT  
is Complete**

If...	Then...
Information is received indicating that there was a change in circumstances (other than the ICT) that could affect a beneficiary's ongoing eligibility,	<b>After</b> the ICT is complete, workers are allowed to re-evaluate the beneficiary for ongoing eligibility. *

\* An ICT is complete when San Diego County has taken over the MEDS record, the case is active on CDS and the correct address and county code are on MEDS.

**1) *Changes that can affect ongoing eligibility***

The following are examples of changes in circumstances during an ICT that would justify an eligibility evaluation after the ICT is complete.

- Additional family members were added to the MFBU, which may result in Sneede income and property computation.
- There is a new MFBU composition, which would result in changes in aid category, ineligibility or reduced benefits for some members of the household.
- There is new income or property information that could affect the eligibility of MFBU members.

**2) *Following up on changes***

When following up on changes that can affect ongoing eligibility, workers must always do an *ex parte* review based on SB 87 guidelines. They must not request information that:

- has been previously provided and is not subject to change; or
- is not necessary to complete the eligibility evaluation.

If the worker cannot complete the evaluation based on the *ex parte* review, he/she is allowed to request the information from the beneficiary. If the beneficiary does not comply with the worker's request for information, the worker can discontinue the case following SB 87 guidelines.

---

### 3.2.2 ICT Packets

---

**A. General**

When the Sending County worker is informed of a beneficiary's move (either permanent or for an indefinite period) to another county within the state, the worker must send an ICT packet to the Receiving County within 7 calendar days.

---

**B.  
ICT Packet  
Requirements**

- 1) The ICT packet from the Sending County must contain all information necessary for the Receiving County to initiate a Medi-Cal case for the individual.
  - 2) The Sending County must ensure any documentation supporting the individual's eligibility is sent promptly to the Receiving County upon request.
  - 3) If the Sending County is unable to locate the documents or verifications, the Sending County must annotate the missing documentation or verification on the MC 360 for the Receiving County to follow-up with the individual at the next redetermination.
- 

**C.  
Receiving  
County  
Responsibility**

- 1) The Receiving County must make every effort to contact the Sending County (not the individual) if additional information is needed.
  - 2) The Receiving County must not delay processing the ICT while waiting for additional information from the Sending County because the receipt of benefits is not contingent upon the transfer of case documents from one county to another.
-

**D.  
Documents  
required in  
ICT Packet**

**1) *Photocopied documents that are required in the ICT packet:***

- Current statement of facts and appropriate supplements including the MC 210S-W for Primary Wage Earner or the last redetermination form (MC 210 RV),
- Identification verification and social security numbers,
- Budget worksheets for MFBU/MBU (manual or computer generated),
- Description of MFBU/MBU,
- Last NOAs for eligibility or SOC,
- Case narrative summary, and
- Copy of ICT Informing Notice sent to the individual.

**2) *The following photocopied documents are also required in the ICT packet if applicable:***

- Income or property verification (MC 176P) or case narrative of how income or property was verified for current eligibility,
  - Pregnancy verification for full-scope benefits,
  - MC13,
  - DHS 6155 (Other Health Coverage Information),
  - CW 2.1 (Child, Spousal and Medi-Cal Information), including any court orders for child/spousal support,
  - CA-5 (Veteran's Referral),
  - Copy of DAPD decision or verification of incapacity, and
  - Authorized Representative form or letter.
-

### 3.2.3

## Access to Medical Service During/After the ICT

---

#### A. General

For ICTs, the new residence county and address must be updated on MEDS as soon as possible to facilitate the beneficiary's access to medical care both during and after the ICT transfer period.

---

#### B. New Residence County Code and Address on MEDS

- 1) When initiating an ICT, the worker must submit a request to the FRC MEDS clerk for an online MEDS transaction to update the county of residence on MEDS for each individual in an ICT case. Entering the new residence address on our county system (CDS/BDLM) will send an update transaction to MEDS in the batch process, but the county of residence code can only be updated online.
  - 2) Whenever possible, address changes are to be made before MEDS cutoff the month the move was reported to the county.
  - 3) Any address changes made after MEDS cutoff will not take effect on MEDS until the first of the following month.
  - 4) Timely reporting of address/ county of residence code changes to MEDS will facilitate the beneficiary's access to health care service or emergency disenrollment from a health plan during the ICT.
- 

#### C. Access to Care

##### **1) *Beneficiary enrolled in Managed Care in a Sending County***

When a beneficiary enrolled in managed care in a Sending County moves to a Receiving County, he/she will not be able to access routine medical care or get prescription refills without prior authorization until he/she is disenrolled from the managed care plan in the Sending County. To be disenrolled from a managed care plan, the new address and residence county must be updated on MEDS; the beneficiary will be disenrolled the first of the month following the next MEDS cutoff.

If...	Then...
An ICT beneficiary enrolled in a Sending County plan contacts the sending or receiving county and indicates he/she does not have access to medical services/ prescriptions,	Instruct the beneficiary to contact the DHS Medi-Cal Managed Care, Office of the Ombudsman at 1-888-452-8609 for assistance with emergency disenrollment or for prior authorization.



## 2) *Geographic Managed Care*

San Diego County is a Geographic Managed Care County (GMC). ICT beneficiaries who move to our county will initially receive fee-for-service Medi-Cal once their new residence county (37) is effective on MEDS. The following table provides additional information on these beneficiaries.

<b>If the beneficiary...</b>	<b>Then...</b>
Is <b>not</b> in a mandatory enrollment aid code or had an exemption,	They will continue to receive fee-for-service Medi-Cal.
Is not in a mandatory enrollment aid code but wants to enroll in a managed care plan,	Instruct the beneficiary to contact Health Care Options (HCO) at 1-800-430-4263 for plan information and enrollment options.
Is in a mandatory enrollment aid code,	They must enroll in a managed care plan or they will be defaulted into one. They will get fee-for-service Medi-Cal until enrolled.
Requests information regarding health plan choices,	Instruct the beneficiary to contact Health Care Options (HCO) at 1-800-430-4263 for plan information and enrollment options.

## 3) *County Organized Health Systems (COHS)*

A beneficiary who moves to a COHS county will automatically be enrolled in that county's health system. This will happen the first of the month following MEDS cutoff **after** the new address and residence county have been updated on MEDS. There are five COHS plans covering eight counties, they are:

- Santa Barbara,
  - San Mateo,
  - Orange,
  - Solano/Napa/Yolo,
  - Santa Cruz/Monterrey.
-

### 3.2.4

## Miscellaneous ICT Case Processing

#### A. General

This section provides instructions on processing various ICT case situations.

#### B. Beneficiaries Discontinued for Whereabouts Unknown

The following two tables provide information regarding how to process individuals who were discontinued in a Sending County for whereabouts unknown.

<b>Within 30 days of the whereabouts unknown discontinuance</b>	
<b>If the individual contacts...</b>	<b>Then...</b>
The Sending County,	The Sending County worker shall: 1. Restore the individual's case without a break in aid. 2. Notify the individual that an ICT will be initiated to the Receiving County.
The Receiving County and requests Medi-Cal,	The Receiving County worker shall: 1. Contact the Sending County worker to request that the individual's case be reinstated and the ICT initiated. 2. Instruct the individual to contact the Sending County to: <ul style="list-style-type: none"><li>• Ensure the case is restored and the ICT is initiated; and</li><li>• Report other changes associated with the change.</li></ul>

<b>The individual contacts either county 30-60 days from the whereabouts unknown discontinuance</b>	
<b>If the...</b>	<b>Then...</b>
Sending County has erroneously terminated the individual's benefits,	The Sending County worker must: 1. Restore benefits to the individual. 2. Initiate an ICT.
Individual has evidence of good cause,	
Sending County correctly terminated the individual's benefits,	The individual will have to apply for benefits in the Receiving County.

**C.  
Annual  
Redetermina-  
tion (RV)**

The following two tables provide information regarding how to process ICTs that have an RV due or overdue.

<b>Sending County</b>		
	<b>If...</b>	<b>Then...</b>
Due/Overdue RV,	The RV is: <ul style="list-style-type: none"> <li>• initiated</li> <li>• due or</li> <li>• overdue</li> </ul> when the Sending County worker is notified of the move,	The worker must not delay initiating the ICT.
RV Information Received During ICT Period,	The Sending County worker has initiated an RV prior to sending the ICT,	Any RV forms or verification the worker receives shall be forwarded to the Receiving County worker for follow-up.
Beneficiary Ineligible,	During the transfer period, the Sending County worker receives information from the RV process that clearly demonstrates that the individual or MFBU cannot be eligible for Medi-Cal,	The worker shall discontinue Medi-Cal benefits, following 10-day notice, notify the Receiving County of the discontinuance, and rescind the ICT if appropriate.

<b>Receiving County</b>		
	<b>If...</b>	<b>Then...</b>
RV Due/Overdue,	The annual RV is: <ul style="list-style-type: none"> <li>• due, or</li> <li>• overdue</li> </ul> during the ICT Period,	It is the responsibility of the Receiving County to process the annual RV. The Receiving county worker cannot reject an ICT based solely on the RV being due/overdue.
Non Co-op,	The beneficiary does not cooperate in the redetermination process,	The Receiving County worker can discontinue benefits following SB 87 guidelines.

**D.  
Individuals  
Discontinued  
for Failure to  
Complete the  
Annual RV**

The following two tables provide instructions regarding how to process ICTs for individuals discontinued in the Sending County for failure to complete the Annual RV.

<b>Within 30 days of discontinuance for failure to complete the annual RV</b>	
<b>If the individual contacts...</b>	<b>Then...</b>
The Sending County and completes the annual RV,	The Sending County must: <ol style="list-style-type: none"> <li>1. Restore the individual's benefits.</li> <li>2. Promptly change the address and county of residence code.</li> <li>3. Initiate an ICT to the Receiving County.</li> <li>4. Forward any information received to the Receiving County.</li> </ol>
The Receiving County within 30 days after the discontinuance,	The receiving County must: <ol style="list-style-type: none"> <li>1. Shall not require a new application.</li> <li>2. Assist the individual in completing the RV forms.</li> <li>3. Ask the Sending County to rescind the discontinuance and ask them to initiate an ICT.</li> <li>4. Contact the Sending County for copies of verifications and documentation already in the case file in that county.</li> <li>5. Ask the individual to provide only new or changed information.</li> <li>6. Ensure the individual's Medi-Cal is activated in the Receiving County with no interruption in benefits.</li> </ol>

<b>More that 30 days after discontinuance for failure to complete the annual RV</b>	
<b>If the individual contacts...</b>	<b>Then...</b>
Either county,	The individual is to be instructed to reapply in the Receiving County.

---

**E.  
MSR**

The following table provides instructions on processing Midyear Status Reports (MSR) for ICT cases.

<b>Responsibility for Processing MSR</b>							
MSR due prior to initiating ICT,	<p>The Sending County worker shall:</p> <ul style="list-style-type: none"> <li>• Not delay initiating an ICT in the MSR due month because the MSR sent to the beneficiary is pending.</li> </ul>						
During ICT period,	<p>The Sending County Worker shall:</p> <ul style="list-style-type: none"> <li>• Discontinue as appropriate any MSR non-exempt individuals in the case if the MSR is not returned.</li> <li>• Discontinue the case and contact the Receiving County to rescind the ICT if an MSR is not returned and there are no MSR exempt beneficiaries in the case.</li> <li>• Forward to the Receiving County for follow-up any MSR (complete or incomplete) received by the Sending County for an ICT case.</li> <li>• Follow-up on information reported on an MSR <b>only</b> if that information clearly indicates that the beneficiary or MFBU are ineligible; when doing so they are to take the following steps as appropriate.</li> </ul>						
	<table border="1"> <thead> <tr> <th>Step</th><th>Action</th></tr> </thead> <tbody> <tr> <td>1</td><td>Discontinue benefits (following adequate 10-day notice) for any ineligible individuals and notify the Receiving County immediately.</td></tr> <tr> <td>2</td><td>Rescind the ICT if all beneficiaries in the case are ineligible.</td></tr> </tbody> </table>	Step	Action	1	Discontinue benefits (following adequate 10-day notice) for any ineligible individuals and notify the Receiving County immediately.	2	Rescind the ICT if all beneficiaries in the case are ineligible.
Step	Action						
1	Discontinue benefits (following adequate 10-day notice) for any ineligible individuals and notify the Receiving County immediately.						
2	Rescind the ICT if all beneficiaries in the case are ineligible.						
After the ICT is completed,	<p>The Receiving County worker shall:</p> <ul style="list-style-type: none"> <li>• Process the MSR received during the ICT period.</li> <li>• Follow SB 87 guidelines when processing MSRs that are incomplete or in which the beneficiary reports information that can affect on-going eligibility or SOC.</li> </ul>						

**F.  
Pending  
DAPD Cases**

**1) Pending Disability and Adult Programs Division (DAPD) Cases with no other linkage**

If there is a change in residence county reported for a pending DAPD case which consists only of an applicant whose potential basis of eligibility is the allegation of disability, the Sending County worker shall:

- Notify DAPD of the applicant's new address
- Not initiate an ICT until a disability decision is received from DAPD.
- If the applicant is determined not to be disabled and there is no other linkage to Medi-Cal, the worker shall deny the application and send a denial notice; an ICT is not required as the individual has no eligibility.

**2) Pending DAPD cases with active Medi-Cal**

If a case has a pending DAPD decision and there are beneficiaries in the case already active on Medi-Cal then the Sending County worker shall initiate an ICT for the case.

**3) Correcting aid code/SOC after the disability determination**

Beneficiaries in a SOC aid code are entitled to ABD-MN deductions back to the onset date if determined disabled by DAPD. The following table provide instructions for processing these cases:

Responsibility for correcting aid code/SOC			
	If...	Then...	
Receiving County	The Receiving County worker receives a decision from DAPD indicating the beneficiary is disabled and there is a SOC in the case,	The Receiving County worker shall take the following steps.	
		Step	Action
		1	Recalculate the budget for the months the case has been active in the Receiving County.
		2	Change the aid code/SOC on MEDS as appropriate
		3	Send a copy of the decision to the Sending County's Disability Liaison.

Sending County	The Sending County Disability Liaison receives a copy of disability decision from the Receiving County,	He/she shall forward it to the last worker of record, who will take the following steps.	
		<b>Step</b>	<b>Action</b>
		1	Recalculate the budget for the months the case was active in their county.
		2	Change the aid code/SOC on MEDS as appropriate.

**G.  
Change in  
Child Custody**

**1) Sending County responsibilities**

If a child on Medi-Cal moves out of the county due to a change in custodial parent/caretaker, the Sending County worker must initiate an ICT packet for the child. The packet shall include information on the child only.

**2) Receiving County responsibilities**

The following table provides instructions regarding the Receiving County responsibilities for change in child custody cases.

<b>Step</b>	<b>Action</b>
1	If a new custodial parent or caretaker relative applies in a Receiving County for Medi-Cal for a child, and the child is active on Medi-Cal in another county, the worker must contact that county to initiate an ICT.
2	After the ICT is complete, the Receiving County worker must perform an eligibility review based on the child's new living arrangement with the new custodial parent or caretaker.
3	If the review results in a SOC for the child, and the child did not have a SOC previously, the child is to be placed in CEC for the remainder of the 12-month CEC period established in the Sending County case.

**H.  
AC 38 Cases**

The following table outlines the steps to be taken when a beneficiary in Aid Code (AC) 38 moves to a Receiving County.

Step	Action
1	CalWORKs case discontinues for incomplete status report and rolls into AC 38 case.
2	The Sending County must initiate an ICT on AC 38 cases without delay.
3	<b>After</b> the transfer is complete, the Receiving County shall perform a Medi-Cal only eligibility evaluation following SB 87 guidelines.

---

**I.  
Four Month  
Continuing  
Cases**

The Sending County worker must initiate an ICT to the Receiving County when a beneficiary moves from one county to another during the four-month continuing period. At the end of the four-month continuing period, the Receiving County must evaluate the beneficiary for ongoing Medi-Cal eligibility.

---

**J.  
TMC Cases**

An ICT is required for Transitional Medi-Cal (TMC) cases. The following table provides instructions regarding TMC cases with a status report due during the ICT period.

If the status report is...	Then...
Due at the same time the change of residence has been reported	The Sending County worker must not delay the ICT while waiting for the status report.
Not returned and the ICT is already in process	The Receiving County worker shall: 1. Discontinue the TMC case; an Aid Code (AC) 38 case will be generated. 2. Evaluate the beneficiary for eligibility under other Medi-Cal Programs following SB 87 guidelines. 3. Activate or discontinue the beneficiary as appropriate.
Returned (complete or incomplete) and the ICT is already in process	The Sending County shall forward it to the Receiving County for follow-up.

---

**K.  
IHSS-Linked  
Medi-Cal  
Cases**

When an In-Home Supportive Services (IHSS) beneficiary moves to another county, the Sending County worker must complete a Medi-Cal evaluation. If the beneficiary is eligible to ongoing benefits, a Medi-Cal only ICT must be initiated, even if the IHSS benefits are discontinued.



---

**L.  
CEC**

The Continuous Eligibility for Children (CEC) period shall not change for a child when the case is transferred from one county to another. The CEC period is twelve months from the initial eligibility determination or last annual redetermination in the Sending County case.

---

**M.  
Former Foster  
Care Children**

If a child in Former Foster Care Child aid code 4M moves to another county, an ICT is required. Workers are to refer to MPG Article 5, Section 15, Item 3 for more information regarding FFCC cases.

---

**N.  
Craig vs  
Bonta**

- The worker shall notify the Receiving County by means of the MC 360 that the Craig beneficiary moved to their county.
  - An ICT packet is not necessary since there is no actual case file for an individual in a Craig aid code (these aid codes are under State control).
  - The worker must submit a request to the FRC MEDS clerk for an on line transaction to transfer the beneficiary to the Receiving County on MEDS. Refer to MPG 4-16-D Craig v Bonta Automation instructions for details.
- 

**O.  
Homeless**

The following table provides ICT instructions for homeless beneficiaries.

<b>If the beneficiary...</b>	<b>Then...</b>
Declares that he/she maintains a P.O. box in another county for mail pick up and delivery but intends to remain in the Sending County,	An ICT is not necessary.
Moves to another county or requests their case be transferred to another county,	An ICT must be initiated.

---

**P.  
CalWORKs  
ICTs**

- If the Receiving County does not approve a CalWORKs ICT, a Medi-Cal only ICT for the case must be processed.
  - In San Diego, ICTs referred to Medi-Cal because the incoming CalWORKS ICT was denied, shall be assigned to a Med-Cal intake worker in the appropriate FRC for the case zip code.
  - The Medi-Cal worker must not delay processing the Medi-Cal ICT while waiting for additional information from the Sending County; the receipt of benefits is not contingent on the receipt of these documents.
  - When additional information is needed, the worker must always first attempt to get the information from the Sending County before contacting the beneficiary.
  - A CalWORKs *Intercounty Transfer Continuation Request for Additional Documents* form (CW 215A) was developed to request additional information/documentation needed from the Sending County to determine the family's continued Medi-Cal eligibility.
  - The Annual RV due date for Medi-Cal shall be the same date established under CalWORKs before the case was discontinued.
- 

**Q.  
Retroactive  
Requests**

The following table provides information regarding processing requests for retroactive benefits for ICT cases.

<b>If the beneficiary requests retroactive benefits ...</b>	<b>Then...</b>
During the ICT transfer period	The Sending County worker shall process the request, since the case is still active there.
After the ICT transfer period, and the request is for the period prior to the application month in the Sending County	The Receiving County worker is responsible for processing the request.

Note: If the request is for the budget to be recalculated for a period in which the beneficiary was active in another (Sending) county, it is that county's responsibility to process it. San Diego County staff who receive such requests are to contact Medi-Cal Program for assistance in forwarding the request to the Sending County Medi-Cal Policy Liaison.

---